Starter Quiz ·

GRE Subject Test · GRE Psychology Name: _____ Score: _____

1. Over the same follow-up period, mean improvement is 12 points in an intervention group and 7 in a waitlist group. What is the observed difference in mean changes, in points?

   _____

2. A therapist working from object-relations theory focuses mainly on

   ☐ distorted automatic thoughts

   ☐ reinforcement schedules

   ☐ medication dosage

   ☐ early life relationships

3. A study is designed to assess how a treatment performs when delivered flexibly by ordinary community clinics to typical eligible patients. Which purpose is most directly described?

   ☐ reliability

   ☐ spontaneous remission

   ☐ effectiveness

   ☐ efficacy

4. Improvement in one treated group from before to after, by itself, establishes that treatment caused the improvement.

   ☐ True ☐ False

5. Every exposure-based procedure must pair the feared cue with relaxation to count as exposure.

   ☐ True ☐ False

6. Which statement best reflects the lesson's clinical associations?

   ☐ A diagnosis alone selects one treatment for every person.

   ☐ Describing a therapy's proposed mechanism proves it will work for a particular person.

   ☐ Teaching associations identify common evidence-based approaches; treatment planning also depends on assessment, severity, preferences and other needs.

7. People are selected after an unusually low noisy test score. A later score is less extreme, although their underlying level was unchanged. What explanation fits this constructed example?

   ☐ The treatment has necessarily improved the underlying ability.

   ☐ Regression to the mean due to selection and transient variation.

8. Why can a waitlist and an attention-matched comparison yield different intervention contrasts?

   ☐ Randomisation makes the identity of the comparator irrelevant.

   ☐ They always control identical expectations and contact.

   ☐ They define different alternatives and may differ in attention, expectations or other care.

9. Random allocation automatically removes every problem from missing outcomes, adherence and outcome assessment.

   ☐ True ☐ False

10. In a new fictional programme comparison over the same period, mean gains are 9 points with the programme and 6 with an active alternative. What is the observed programme-minus-alternative contrast?

    _____

1. **5**

   $12 - 7 = 5$ points relative to this waitlist comparison. A causal interpretation needs the design and assumptions; the numbers alone do not identify a specific mechanism or control all expectancy/contact differences.

2. **early life relationships**

   Object-relations theories emphasise internalised relationship patterns, often involving early caregivers. This identifies the theoretical focus; it does not establish a unique cause or predict an individual's response.

3. **effectiveness**

   The purpose is effectiveness in routine practice. Whether the study identifies a causal effect depends separately on allocation, comparison, outcome assessment and other design features.

4. **False**

   Time trends, spontaneous change, other care, selection and regression to the mean are possible alternatives. A suitable comparison and design are needed.

5. **False**

   Historical systematic desensitisation uses relaxation in a graded hierarchy. Exposure is broader; relaxation is not part of every exposure procedure.

6. **Teaching associations identify common evidence-based approaches; treatment planning also depends on assessment, severity, preferences and other needs.**

   Educational associations are useful but do not replace assessment or settle individual treatment selection.

7. **Regression to the mean due to selection and transient variation.**

   The example fixes the underlying level, so the score change need not be genuine recovery. In real studies, separate these possibilities using appropriate evidence.

8. **They define different alternatives and may differ in attention, expectations or other care.**

   The comparison defines the question. Randomisation does not make waiting identical to receiving an attention-matched intervention.

9. **False**

   Allocation supports comparison on average. Follow-up, implementation and measurement can still affect the estimate and its interpretation.

10. **3**

    $9 - 6 = 3$ points, relative to the active alternative. These means alone do not supply a causal design, uncertainty or a mechanism explanation.